

**INVESTIGATOR'S GUIDE
FOR
COMPLETING THE
STATE OF VERMONT
UNIFORM CRASH REPORT
VERSION 1.2 (December 2005)**



**INVESTIGATOR'S GUIDE
FOR
COMPLETING THE
THE STATE OF VERMONT
UNIFORM CRASH REPORT**

Prepared by: Vermont Center for Justice Research
Norwich University
33 College Street
Montpelier, Vermont 05602

Published by: Vermont Governor's Highway Safety Program

Funding for this project was provided by the National Highway and Traffic Safety Administration (NHTSA) and the Governor's Highway Safety Program Project Agreements 0506-1041.

Version: 1.2 (December, 2005)

Assistance

Assistance with interpretation of instructions contained within this guide may be obtained from the investigator's department supervisor or Vermont Criminal Justice Training Council instructors. Users may also print copies of the crash form and instruction manual directly from the Agency of Transportation website (www.aot.state.vt.us).

Completed Reports

Copies of completed investigations must be forwarded to the Vermont Department of Motor Vehicles within thirty (30) days after the crash is investigated, as required by 23 V.S.A. § 1016.

Table of Contents

Introduction	1
General Information	2
Instructions for Completing Page 1	
Incident Number	6
Reporting Agency	6
Date	6
Time	6
City/Town	6
Street Address	6
TH#	7
VT#	7
US#	7
I -	7
Intersection With	7
Nearest Intersecting Street or Landmark	7
Distance (From Nearest Intersecting Street)	7
Posted Speed	8
Direction (From Nearest Intersecting Street)	8
Coordinates - Latitude and Longitude	8
Mile Marker	8
Operator Information	9
Owner Information	10
Vehicle Information	11
Non-Vehicle Property Damage	14
Other Persons and Witnesses Involved	15
General Instructions for Completing Overlay 1 and Overlay 2	16
Instructions for Completing Overlay 1 - Unshaded Boxes	16
Instructions for Completing Overlay 1	
Environmental and Roadway Conditions	
A. Crash Type	17
B. Vehicle 1 Collided With	17
D. Direction of Collision	18
E. Traffic Control	20
F. Weather Conditions	20
G. Light	21
H. Road Characteristics	22
I. Road Align (Alignment)	22
J. Road Design	22
K. Road Type	22
L. Surface Condition	23
M. Contributing Road Conditions	23
N. Police Photo/Video Recording Taken	23
Instructions for Completing Overlay 2 - Shaded Boxes	24

Instructions for Completing Overlay 2

Additional Operator Information

O. Apparent Operator Condition 25

P. Contributing Circumstances - Driver 25

Additional Vehicle Information

Q. Defective Equipment 26

Commercial Vehicles Only

R. Vehicle Configuration 27

S. Cargo Body Type 27

T. Sequence of Events 28

Instructions for Completing Page 3

Commercial Vehicle 29

Carrier's Identification Numbers 30

Carrier's Name 30

Carrier's Address 31

Vehicle Information 31

Hazardous Material 32

Non-commercial Trailer 33

Additional Operator Information

Alcohol Test 33

Blood Alcohol Concentration 34

Drug Test 34

Drug Test Result 34

Citations Issued 35

EMS Run Number 35

EMS Agency 35

Destination Hospital 35

Operator and Other People Involved

Type 36

Sex 36

Age 36

Seat Location 37

Injury 38

Ejected 39

Restraint 39

Air Bag Deployed 39

Extracted 39

Pedestrian/Cycle Action Codes 40

Pedestrian/Cycle Location Codes 40

Instructions for Completing the Crash Narrative, Page 2 41

Instructions for Completing the Crash Diagram, Page 4 47

INTRODUCTION

For more than a year, law enforcement agencies in the State of Vermont have become familiar with the revised State of Vermont Uniform Crash Report. The revised reporting form has yielded favorable results in more uniform and complete reporting. As with any new method of accomplishing a task, however, there requires some period of evolution. Law enforcement, the Agency of Transportation and Department of Motor Vehicles have utilized the form with success. However, it became apparent that changes and more revisions to the form would be necessary in order to make the reporting process easier and to capture more usable and reliable data.

Changes to the form were a result of work by the Traffic Records Coordinating Committee (TRCC). This committee is comprised of representatives from various State agencies who are involved with the collection, dissemination, or analysis of crash data. The TRCC includes representation from the Vermont State Police. Changes were made for clarification or to eliminate duplication of data, and were performed under the guidance of the TRCC.

GENERAL INFORMATION

Purpose of Training Manual

- , To assist officers in properly completing the “State of Vermont Uniform Crash Report.”
- , To standardize all crash reporting procedures.
- , To provide a reference to secure a uniform interpretation of all items in the crash report.

What Crashes Are To Be Reported?

- , A crash report should be completed on any crash whereby a person is injured or killed, or where the total damage to all property is to the extent of \$1,000 or more.
- , All crashes which involve a commercial motor vehicle or a vehicle displaying a hazardous materials placard shall be reported per 23 V.S.A. § 1603a.
- , All crash report data are important. The Vermont Agency of Transportation (VAOT) uses ALL crash data for analysis, no matter what level of severity. VAOT depends on the officers’ reports in addressing highway safety issues. Crash data can also be an important factor for a town if a road (segment or intersection) it is trying to improve is part of the Federal Aid highway system. In this case, it may mean the difference between a town receiving, or conversely, not receiving, federal funding for a highway safety project. The lack of crash data (reports) could negatively affect a town’s plan for a much-needed safety project. In short, without crash data to support their claims, towns may risk not receiving federal funding for construction projects.

Function of Crash Investigation

- , Crash investigation provides the information upon which all phases of the crash prevention program are based. Crash reporting is the cornerstone of the entire traffic supervision program and it is essential that these reports be uniform, complete and understandable. An officer investigating a crash is the primary source of data for Vermont’s traffic crash records system. The information submitted by the officer will provide the basic data for crash prevention and selective enforcement programs.

Purpose of the Crash Report

- , Crash reports are extremely helpful in the areas of:
 1. Enforcement
 2. Education
 3. Engineering
 4. Statistics
 5. Civil Use

General Instruction

- , Crash investigation procedures as set forth in this manual should be followed as closely as possible.
- , In instances not specifically covered in the manual, the judgment of the officer must prevail.
- , A copy of the completed police report of a motor vehicle crash shall be forwarded within thirty (30) days of the investigation to the Department of Motor Vehicles, as required by 23 V.S.A. § 1016.
- , All information recorded on the crash report form must be either hand-printed in ink or typewritten. Duplicate copies of officers' reports are acceptable to the Department of Motor Vehicles.
- , The officer investigating a motor vehicle crash should give each operator involved in the crash an Operator's Report for completion and data on any other involved operator. If injury has occurred or there is total damage to all property to the extent of \$1000.00 or more, the officer should inform each operator that a crash report must be submitted within 72 hours to the Department of Motor Vehicles. (See 23 V.S.A. § 1129)
- , Each form provides space for the reporting of information on two vehicles and up to seven involved persons.
- , Whenever the number of vehicles or involved persons exceeds the space available on the report, additional forms must be utilized.
- , For Vehicle 3 or more being reported, the preprinted Vehicle #1 and Vehicle #2 should be crossed out and the correct vehicle number should be substituted accordingly on the respective form.

Agency of Transportation Coding

There are several areas on the Uniform Crash Report to be coded by office personnel within the Agency of Transportation. Because these areas are not coded by police officers, the explanations are kept to a minimum within this manual. Detailed information of these transportation issues may be found within the Agency of Transportation's Crash Coding Manual.

Uniform Crash Report: Overview

Crash reports are in pad configuration of ten reports per pad. Each report consists of six pages: four pages on which the investigating officer enters information relating to the crash and two colored pages which are actually copies of Page 1. The colored copies are meant to be removed from the report and a copy given to each operator. Two overlays capturing additional information about the crash are attached to each pad of reports. The overlays are designed to collect as much information as possible on the 8½" x 11" crash report. The overlays allow the officer to enter numerical codes relating to corresponding data elements.

The crash report must be completed for all reportable motor vehicle crashes. Ideally, the 4-page report should be completed in its entirety. However, completion of a lengthy report is not always feasible or necessary from a law enforcement perspective.

The revised “overlay” format crash report has been designed to make crash reporting easier and faster. Page 1 of the report, Overlay 1 and relevant sections of Overlay 2, collect the minimum requirements necessary for crash reporting. Therefore, completion of the Page1/Overlay1/Overlay2 combination will result in a *minimally* complete report.

For more thorough reporting, such as when BAC levels, citation data, additional persons or injury data are necessary; or when the crash involves a commercial vehicle or a vehicle carrying a hazardous material, Page 3 should be completed in addition to Page 1, Overlay 1 and relevant sections of Overlay 2.

The Crash Narrative of Page 2 and the Crash Diagram of Page 4 are to be completed as necessary.

As follows are the Minimum Data Requirements for completing a report:

- Fatal Crash
 - Complete entire Uniform Crash Report Form (UCRF) and include a detailed narrative and crash diagram.
- Injury Crash
 - Complete entire Page 1. Include Box A of Overlay 1.
 - If a pedestrian or cyclist is involved, include Box B of Overlay 1.
 - On Page 3, complete “Additional Operator Information” and “Operators Occupants, Pedestrians, Cyclists...” areas.
 - Include narrative.
- Property Damage Only (PDO)
 - Complete Page 1 of the crash report form and Box A of Overlay 1.
- Commercial Vehicle Crash (For any report where CDL=Yes.)
 - Complete entire Page 1.
 - Complete all information in the “Commercial Vehicle” section on Page 3.
 - Include Overlays 1 & 2 information.
 - On Page 3 include “Injury” information for “Operators, Occupants, Pedestrians, Cyclists...”.
 - On Page 3, complete “Additional Operator Information
 - Include narrative.

The sequence for completing an entire crash report is as follows:

1. Enter data relevant to Page 1 beginning with “Incident Number.”
2. Use Overlay 1 labeled “Environmental and Roadway Conditions” to enter information into the unshaded boxes on Page 1.
3. Use Overlay 2 labeled “Additional Operator Information” to enter information into the shaded boxes on Page 1.
4. Go to Page 3 as applicable beginning with the second section, “Additional Operator Information”, and continuing to the end of the page.

5. Complete the “Commercial Vehicle” section of Page 3 and “Commercial Vehicles Only” section of Overlay 2, if relevant to the crash.
6. Remove the 2 colored NCR copies of Page 1 from the pad and give a copy to each operator.
7. If necessary, complete Page 2, “Crash Narrative.”
8. If necessary, complete Page 4, “Crash Diagram.”

Uniform Crash Report: Page 1

STATE OF VERMONT UNIFORM CRASH REPORT INSTRUCTIONS FOR COMPLETING PAGE 1

Incident Number	Reporting Agency	Date	Time
-----------------	------------------	------	------

1. **Incident Number** - Enter the incident number your agency assigned to the crash. The incident number will be entered onto each page of the report. If your agency does not assign incident numbers, leave this field blank.
2. **Reporting Agency** - Enter the name of the agency reporting the crash.
3. **Date** - Enter the date that the crash took place in numeric form using month, day and year format. Example: August 23, 2008 should be entered 08 23 08.
4. **Time** - Record the hour of the day when the crash occurred using military time, i.e., 1500 rather than 3:00 p.m. If unknown, write UNK. **Note: Enter the time of the crash, *not* the time the crash was reported.**

Crash Location

Crash locations must be accurately reported for identification of potential crash problems. Once a particular safety problem is recognized, safety improvements can be implemented. *Please note that crash location refers to the location of the **crash**, and not the investigating officer's department address.*

Assign the crash location to the place where the first injury or damage-producing event occurred.

Example: A motor vehicle ran off the road before hitting a tree. The driver sustained severe injuries and the vehicle was badly damaged in the collision. In this crash, the first damage or injury-producing event occurred when the car struck the tree, not when the car ran off the road.

City/Town	Street Address	TH# ____ VT# ____ US# ____ I- ____
-----------	----------------	------------------------------------

5. **City/Town** - Enter the name of the city or town where the crash occurred.
6. **Street Address** - If there is a 911 street address available, enter it in the space provided.

Enter the number of the route where the crash occurred in the space provided as described under 7-10 below. If the highway carries more than one number, the number used will be in the following order - for highways carrying both the State and the United States route numbers, the US route number will be used. If the highway carries more than one State route and no US route numbers, the through route will be assigned. If the road carries no route number, enter the name of the road or the name of the street under street address.

7. **TH#** - If the crash occurred on a town highway, enter the number here.
8. **VT#** - If the crash took place on a Vermont state highway, enter the state route number in the space provided.
9. **US#** - If the crash occurred on a US highway, write the US route number here.
10. **I** - Enter the Interstate number here if the crash occurred on an Interstate highway.

Intersection with OR Nearest Intersecting St or Landmark	Operator Report Required* Y N
--	-------------------------------

11. **Intersection With** - If the crash occurred at an intersection, enter the name or highway number of the intersecting roadway.
OR
12. **Nearest Intersecting Street or Landmark** - If the crash did not occur at an intersection, enter the name of the nearest intersecting roadway or landmark.

Distance (From Nearest Int. St)		Direction (From Nearest Int. St)	
—	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
	Feet	Miles	N S E W
Posted Speed			

13. **Operator Report Required*** - Circle Y (yes) or N (no) as to whether or not an operator report is required. Operators involved in a crash which results in injury, death, or total property damage exceeding \$1,000.00 must file a report with the Department of Motor Vehicles.
14. **Distance (From Nearest Intersection Street)** - If the crash did not occur at an intersection, measure the distance in feet or miles to the nearest intersection, significant landmark such as a town line or mile marker. Record this number and check the box indicating whether the unit of measurement is feet or miles.

15. **Posted Speed** - Enter the posted speed limit for the roadway where the crash took place. If there is no posted limit enter "N/A."

16. **Direction (From Nearest Intersection Street)** - Circle the letter for the direction from the nearest intersecting street that the crash took place.

Coordinates
Latitude
Longitude

17. **Coordinates** - This field may be used by departments that have GPS technology. GPS is an acronym which stands for Global Positioning System. GPS technology provides latitude and longitude readings that can be converted to an exact roadway location.

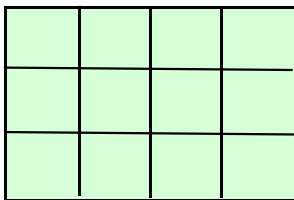
GPS should be reported in Latitude and Longitude in the format of XX.XXXXX degrees.

Law enforcement who have access to GPS units and use them to report location information on the crash report form should also continue to report the traditional text location description: City, Town, Street Address, TH#___/VT#___/US#___/I-___, Intersection with OR Nearest Intersection St. or Landmark, Distance, N/S/E/W.

If a crash occurred where the vehicles came to rest on the highway, The GPS readings should be taken at the crash location as described in "Crash Location" of this manual. If, however, the vehicle(s) came to rest outside of the highway ROW (for example, off the road somewhere in a field), then GPS readings should be taken at the point on the highway shoulder where the vehicle left the highway.

At no time should officers place data collection of GPS over their own safety. If it is unsafe for an officer to take a GPS reading of a crash location that occurred on the highway, then the reading may be taken on the shoulder directly across from where the crash occurred. An example is that a crash occurred in the middle of a high traffic intersection. If the officer determines that it is impossible or unsafe to obtain a GPS reading in the intersection, a reading from the shoulder directly across from the intersection will suffice.

Mile Marker



18. **Mile Marker** - Several years ago, the Agency of Transportation installed mile markers on

all Federal Aid highways. (These include all highways under State jurisdictions such as US, VT, and Interstate, as well as some of the more important town highways classified as Major Collectors.) If the route has mile markers, insert the mile marker information within the 12 square block. Each mile marker consists of three rows of numbers.

1 st Row	Route number should be entered here.
2 nd Row	County/town code should be entered here.
3 rd Row	Enter mileage distance to a town line or mileage distance to the beginning of the route, if a four lane divided highway.

Example: On the mile marker shown above, the first line "0020" is the route (US-2), the second line "0303" is the town code (Danville), and the last line is the town mile marker 2.23. The mileage is the mileage from the town line based on VAOT mile marker system. The numbers 0020 should be entered in the first row, 0303 should be entered in the second row, and 0223 should be written in the third row. The interstate system uses milemarkers with two rows of numbers. Enter interstate milemarker on the top two rows of the box.

VEHICLE #1 DATA

OPERATOR INFORMATION FOR VEHICLE #1

VEHICLE #1	First	M.I.	License#	State	Lic Class
Name: Last					

19. **Operator's Name** - Provide the name of the person driving the motor vehicle at the time of the crash in the following sequence: last name, first name, middle initial. If no middle initial is on the license request the information from the operator. If the operator has no middle initial, enter "NMI." If the vehicle was parked or unoccupied at the time of the crash insert the name of the person who last operated the vehicle.
20. **License #** - Record the full number from the operator's license as issued to the operator. If the operator is not licensed enter "No License".
21. **State** - Enter the abbreviated name of the state where the operator's license was issued.
22. **License Class** - Enter the license class as found on the front of the operator's license.

Address	City/Town	State	Zip

23. **Address** - Enter where the operator legally resides. Ask the operator if current address is correct.

24. **City/Town** - Enter the city or town where the operator legally resides.
25. **State** - Enter the abbreviation for the state where the operator legally resides.
26. **Zip** - Record the zip code for the address where the operator legally resides.

Telephone	DOB	Sex	Restrictions	Unoccupied Y N	Seat Belt Y N	CDL Y N
-----------	-----	-----	--------------	-------------------	------------------	------------

27. **Telephone** - Enter the operator's telephone number.
28. **DOB** - Include the operator's date of birth by month, day, year format in numeric form. Example: August 23, 1974 should be entered 08 23 74.
29. **Sex** - Enter the gender of the operator, denoted by "F" for female, "M" for male, and "U" for unknown.
30. **Restrictions** - Insert any license restrictions or permissions given to the operator by the license authority of the State. If no restrictions enter N/A. If an out-of-state restriction, explain in writing in the narrative, or if no narrative, in a clear notation, or list Vermont's License Restriction Code Numbers shown on Vermont's Operator's license.
31. **Unoccupied** - Circle "Y" for yes if the vehicle was unoccupied at the time of the crash or "N" for no if the vehicle was occupied.
32. **Seatbelt** - Circle "Y" for yes or "N" for no as to whether or not the operator was using a seatbelt at the time of the crash.
33. **CDL** - Circle "Y" for yes or "N" for no as to whether or not the operator has a Commercial Driver's License.

OWNER INFORMATION FOR VEHICLE #1

Same as Operator <input type="checkbox"/>	Name: Last	First	M.I.
---	------------	-------	------

34. **Same as Operator** - Check the box if the operator is the owner, then move on to insurance information. If the owner is a different person, continue filling in the remainder of the owner segment.
35. **Owner's Name** - Include the name of the registered owner of the vehicle in the following

sequence: last name, first name, middle initial. If the vehicle is registered commercially give the company's name.

Address	City/Town	State	Zip	Tel.
---------	-----------	-------	-----	------

36. **Address** - Enter the owner's legal address.
37. **City/Town** - Enter the city or town where the owner legally resides.
38. **State** - Enter the abbreviation for the state where the owner legally resides.
39. **Zip** - Record the zip code for the address where the owner legally resides.
40. **Telephone** - Enter the owner's telephone number.

Insurance Co.	Policy No.
---------------	------------

41. **Insurance Company** - Enter the name of the owner's insurance company.
42. **Policy Number** - Record the owner's insurance policy number.

VEHICLE INFORMATION FOR VEHICLE #1

Registration No. _____	Plate Type _____	VIN _____	
Vehicle Yr. _____	State _____	Est. Speed _____	Comm Veh Y N
Make _____	Model _____	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin: 0 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> 234 </div> <div style="height: 30px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> 876 </div> </div> <div style="margin-left: 10px;"> 9 Hood 10 Roof 11 Trunk 12 Undercarriage 13 Total </div> </div>	Direction of Travel N S E W If yes, see Overlay 2
Towed By _____			

43. **Registration Number** - Record the registration number of the subject vehicle.
44. **Plate Type** - Use the plate type identified on the vehicle registration. Plate types may vary by state. Some examples of plate types are listed below. Enter the letter code for the corresponding plate type. For example, a veteran plate on an auto would be coded "A" while the same plate on a truck would be coded "B".

Vehicle Plate Type Code
Plate Types Available for Vehicle Type

A (Autos)

Antique
 Conservation Plate
 Disabled Plate
 EMS
 Exhibition
 Ex-POW
 Low Number Plates (101-9999)Low
 VT Number Plates (100VT-999VT)
 Low Vermont Plates (1-100)
 Pearl Harbor
Pleasure Car (Standard Auto)
 Purple Heart
 Speaker - VT House
 State House of Representatives
 State Senate
 Street Rod
 US House
 US Senate
 Vanity
 VT Amateur Radio
 VT Firefighter
 VT National Guard
 Veteran
 VFW
 Vietnam Veteran

B (Trucks)

Conservation Plate
 Disabled Plate
 EMS
 Ex-POW
 Federal Program
 Forklift/Well Driller
 IRP Truck
 Low Number Plates (101-9999)
 Low VT Number Plates (100VT-999VT)
 Low Vermont Plates (1-100)
 Pearl Harbor
 Purple Heart
 Speaker VT House
 Special Purpose Truck
 Special Weight Permit Truck

State House of Representatives
 State Senate
 Street Rod
 US House
 US Senate
 Vanity
 VT Amateur Radio
 VT Firefighter
 VT National Guard
 Veteran
 VFW
 Vietnam Veteran
 Zone

C (Trailers)

Contractor's Trailer
 IRP Trailer
 Trailer (Light)
 Trailer (Heavy)
 Vanity

D (Farm Trucks)

Agricultural
 Vanity

E (Moveable Dealer Plates)

ATV Dealer
 Auction Car Dealer
 Farm Machinery Dealer
 Finance Car Dealer
 Highway Building Equipment Dealer
 MTC/Moped Dealer
 New Car Dealer
 Snowmobile Dealer
 Trailer Dealer
 Used Car Dealer
 Vanity

F (Handicapped: Plate/Placard)

Disabled Parking Placard
 Vanity

G (ATV, Moped, Motorcycle)

All Terrain Vehicle
Moped
Motorcycle
Vanity

J (Municipal: auto, truck, bus)

Municipal
Sheriff's Department
Vanity
Volunteer

H (Special - unspecified)

Vanity
Antique Snowmobile

K (VT State Government: Auto, Truck)

State Government
Vanity
VT DMV Enforcement
VT State Officers
Vermont State Police

I (Bus)

Bus
IRP Bus
Vanity

Codes Added for Crash Report Form:**L (Out of State - Auto)****M (Out of State - Truck)****N (Out of State - Other)**

45. **VIN - Vehicle Identification Number** - Record the Vehicle Identification Number (VIN). On passenger cars built from 1968 to date, the number will usually be found on the driver's side of the dash and visible through the windshield from the outside. On passenger cars built in the mid-1950's through 1967 the VIN will usually be found welded or riveted on the doorpost. Passenger cars built prior to 1956 were identified by the motor number. If it is not possible to obtain from the vehicle use the VIN on the registration certificate.
46. **Vehicle Year** - Fill in the model year of the vehicle.
47. **State** - Enter the abbreviated name of the state which issued the registration. If the vehicle is unregistered enter N/R.
48. **Make** - Enter the make of the vehicle, i.e., Ford, Honda, Chevrolet, Dodge, etc.
49. **Model** - Write out the complete model name of the vehicle, i.e., Accord, Taurus, Voyager, Blazer, etc.
50. **Estimated Speed** - Enter the speed at which the operator states he/she was traveling when the crash occurred. This estimated speed will be the operator's opinion and not the investigating officer's findings.
51. **Commercial Vehicle** - Circle "Y" for yes or "N" for no as to whether or not the vehicle is a commercial vehicle. (Additional information will have to be collected through the use of Page 3 and Overlay 2, "Commercial Vehicle" sections.)
52. **Diagram of Car** - Circle the numbers for the areas on the vehicle where the damage occurred. Number 1 represents the front of the car, Number 5 depicts the rear. Indicate broken or

destroyed glass with an “X” on the corresponding area of the diagram.

- 53. Direction of Travel** - Circle the general direction of travel of the vehicle before the crash. Direction of travel should be based upon the primary direction of the route, not the section of highway where the crash took place.
Example: The direction of a state designated north-south highway must be either northbound or southbound even though a vehicle may have been traveling due east as a result of a short segment of the highway having an east-west orientation.
- 54. Towed By** - If the vehicle was towed away provide the name of the company or individual that provided the towing.

VEHICLE INFORMATION - VEHICLE #2

If a second vehicle is involved, follow instructions listed in **Section 19** through **Section 54** for Operator, Owner, and Vehicle Information.

ADDITIONAL VEHICLES, OPERATORS, OWNERS (3 OR MORE)

- **** Note that if there are more than two vehicles involved in the crash, additional report forms must be utilized. The additional forms should reflect proper numbering sequence. Example: Vehicle 3, Vehicle 4, etc.

Keep in mind that the numbering of the vehicles and operators on Page 1 must correspond correctly to the vehicle/operator numbers when Overlay 2 is being used. For example, if on the additional report form you have crossed through Vehicle 1/Operator 1 and have entered Vehicle 3/Operator 3, when using Overlay 2 you should be using the Vehicle 1/Operator 1 boxes for Vehicle 3 information. Similarly, Vehicle 2/Operator 2 boxes would be used for Vehicle 4 information.

NON-VEHICLE PROPERTY DAMAGE

Non-vehicle Property Damage Owner	Address	Phone
Damage Description		

- 55. Owner** - Provide the name of the person owning the non-vehicle damaged property.
- 56. Address** - Enter the owner’s address.
- 57. Phone** - Enter the owner’s phone number.

- 58. Damage Description** - Provide a brief description of the damage caused to the non-vehicle property.

Other Persons and Witnesses Involved (For investigated crashes see Page 3.)			
Name	DOB	Address	Phone

Other Persons and Witnesses Involved - Enter the name, date of birth, address and phone number of other persons involved and witnesses to the crash. Do not include vehicle occupants or involved pedestrians, bicyclists, etc.

Reporting Officer	Date	Approved	Date
-------------------	------	----------	------

- 59. Reporting Officer** - This space is provided for the signature of the investigating officer and *must be in ink*.
- 60. Date** - Enter the month, day and year the investigating officer *completed* the crash report.
- 61. Approved** - This space is for the signature of the person in charge or the person authorized to read and check the report for approval. The approving officer *must sign in ink*.
- 62. Date** - Enter the month, day, and year of the final approval of the report.

GENERAL INSTRUCTIONS FOR COMPLETING OVERLAY 1 & OVERLAY 2

- Each lettered box in the right and left margins of Page 1 of the report form corresponds to a similarly lettered box located on either Overlay 1 or Overlay 2. For example, Box A in the left margin of Page 1 corresponds with Box A “Crash Type” located on Overlay 1. Boxes P1 and P2 in the right margin correspond to Box P “Contributing Circumstances - Driver” on Overlay 2.
- Enter only one code number from the overlay boxes into each of the margin boxes.
- Overlay 1, “Environmental and Roadway Conditions” applies only to the *unshaded* boxes on Page 1.
- Overlay 2, “Additional Operator Information” applies only to the *shaded* boxes on Page 1.

EXAMPLE:

INSTRUCTIONS FOR COMPLETING OVERLAY #1 UNSHADED BOXES

(Data relating to unshaded boxes should be collected for all crashes.)

- Report all data relative to Overlay #1, "Environmental and Roadway Conditions."
- Data should be collected for Sections A - N for all crashes, *at a minimum*.
- Enter numeric characters into *unshaded*, lettered boxes located on crash form margins.

Example:

- A. Crash Type
 1. Property Damage Only
 2. Injury
 3. Fatality
- Follow arrow to unshaded Box A on top left margin
- Enter (one) numeric character 1, 2 or 3:

A. 1

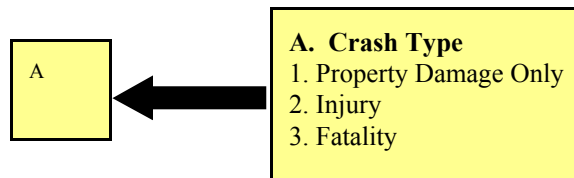
STATE OF VERMONT UNIFORM CRASH REPORT
INSTRUCTIONS FOR COMPLETING OVERLAY 1

ENVIRONMENTAL and ROADWAY CONDITIONS

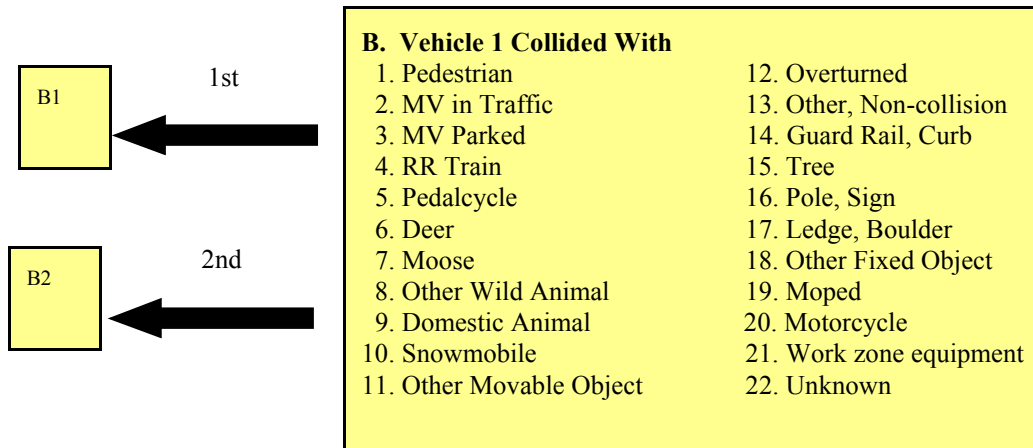
- A. Crash Type** - Enter the crash type code in unshaded Box A. If there are no injuries or deaths involved, the crash is classified as *property damage only*. Enter the numeral "1". If a person is injured but no one is killed, the crash is classified as *injury*. Enter the numeral "2".

Note: A possible injury will also justify identifying the crash as an Injury Crash Type.

If any person is killed in the crash, the crash is classified as a *fatality* crash. Enter the numeral "3". Classification can usually be done by ordinary observation at the time of the incident or from information submitted on the crash report.



- B. Vehicle 1 Collided With** - Enter the code in **B1** for what Vehicle #1 first collided with. For instance, if the vehicle collided with a deer in the roadway, then went off the road and hit a tree, only the first action indicating a deer collision (6) is entered in **B1**. The second action, hitting a tree (15), would be entered in **B2**.



- Pedestrian: A pedestrian is a person who is not an occupant of a vehicle. Includes: person afoot, sitting, lying or working upon a land-way or place, or person in or operating a pedestrian conveyance. Excludes: person boarding or alighting from another conveyance, except a pedestrian conveyance.
- Pedalcycle: Is a vehicle in transport which is operated solely by pedals and propelled by human power. Includes any of the following devices: bicycle, tricycle, unicycle. Trailers or sidecars attached to any of these devices are also included.

- Other movable objects: include objects dropped from motor vehicle, fallen tree or stone, landslide or avalanche materials, or non-motorized devices not set in motion by railroad train or railroad vehicle.
- Other non-collision crash: is any crash involving a motor vehicle in motion other than overturning and collision. Includes: accidental poisoning from carbon monoxide generated by a motor vehicle in transport; breakage of any part of the motor vehicle resulting in injury or in further property damage; explosion of any part of the motor vehicle; fire starting in the motor vehicle; fall, jump or being pushed from the motor vehicle; injury or damage from moving part of the motor vehicle; object falling from or in the motor vehicle; or injury or damage involving only the motor vehicle that is of a non-collision nature, such as a bridge giving way under the weight of a motor vehicle, striking holes or bumps on the surface of the traffic-way or driving into water without overturning or collision.
- Other fixed object refers to other fixed objects not specified in 14, 15, 16, 17 or 21. Includes: traffic signals, bridge abutment or similar objects placed for official purpose.
- Work zone equipment includes: construction machinery, construction materials or similar objects placed on or along the roadway for maintenance or construction of new roads, power lines, buildings, etc.

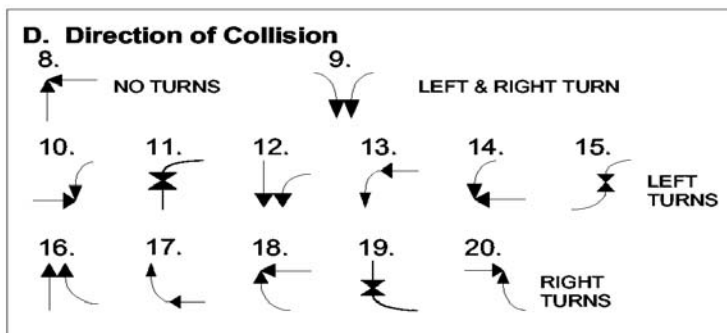
Note: There is no Section C.

D



D. Direction of Collision

1. Rear End ° °
2. Head On ° »
3. Same Direction Sideswipe ° °
4. Opp direction Sideswipe » °
5. Rear-to-Rear » °
6. Single Vehicle Crash
7. Other



D. Direction of Collision - This box is used for various types of collisions, including those involving turns or angle collisions. Enter the appropriate numeral for the collision.

- Number 1 refers to a rear- end crash where the front of one vehicle impacts the back of another vehicle.
- Number 2 refers to a head on crash where the front end of **two** vehicles impact. (*A single vehicle crash cannot be termed “head on”.*)
- Number 3 refers to a same direction sideswipe, a crash where two vehicles are traveling in the same direction and impact on the side.
- Number 4 refers to an opposite direction sideswipe, a crash where two vehicles are traveling in opposite directions and impact on the side.
- Number 5 refers to a rear-to-rear crash where the backs of two vehicles impact.
- Number 6 refers to a **SINGLE** vehicle crash, which is a crash involving only one vehicle.
- Other - this indicates the collision type is not one of the others. Use this option if the crash does not fall into any other category in this box.
- Number 8 refers to a “broadside” crash, where the front of one vehicle impacts the side of another vehicle.
- Number 9 refers to a simultaneous turn collision, where two vehicles turning from opposite directions make contact, or sideswipe.

Left Turns:

- Number 10 refers to an angle broadside, where one vehicle is moving/stopped straight and another is making a left turn. The impact is usually the front of one vehicle and the side of another.
- Number 11 refers to head on, where one vehicle is moving/stopped and the second turns left and hits first vehicle in the front.
- Number 12 refers to same direction sideswipe/angle collision, same direction. Vehicle one is moving/stopped essentially straight and vehicle two turns, making contact with vehicle one’s side. Passenger side makes contact with driver’s side.
- Number 13 refers to rear-end collision, where vehicle making left turn is hit in the rear by a second vehicle moving in the same direction.
- Number 14 refers to broadside, where a vehicle making a left turn is either hit by, or hits, a second vehicle traveling/stopped essentially straight ahead.
- Number 15 is a head on/angle collision, where two vehicles are making left turns that result in a head on collision or an angle collision

Right Turns:

- Numbers 16 refers to same direction sideswipe/angle collision, same direction. Vehicle one is moving/stopped, essentially straight, and vehicle two turns right, making contact with vehicle one’s side. Passenger side makes contact with driver’s side. For example, a vehicle coming onto Interstate via the on-ramp collides with a mainline vehicle moving through the interchange.
- Number 17 is a rear-end collision. A vehicle making a right turn is hit in the rear by a second vehicle moving in the same direction.
- Number 18 refers to a broadside collision, where a vehicle making a right turn is either hit by,

or hits, a second vehicle traveling essentially straight ahead.

- Number 19 is a head-on, where one vehicle is moving/stopped and a second turns right and hits first vehicle in the front.
- Number 20 is an angle broadside, where one vehicle is moving straight and another is making a right turn. The impact is usually the front of one vehicle and the side of another.

E. Traffic Control - Identify the type of traffic control which was present at the scene of the crash. Enter the appropriate code in Box E. Select the *single type* that was in control at the time. For example, an officer may direct traffic through a stop sign without having to stop traffic.

E



E. Traffic Control

1. No Control
2. Stop Signs on Cross St. Only
3. Stop Signs on Mainline Only
4. All-way Stop Signs
5. All-way Flasher (Red on Cross Street)
6. All-way Flasher (Red on Mainline)
7. All-way Flasher (Red on All)
8. Yield Signs on Cross Street Only
9. Yield Signs on Mainline Only
10. Traffic Signal (Normal Operation)
11. Traffic Signal (Flashing)
12. Officer
13. Flagman
14. Other
15. Unknown

F. Weather Conditions - Enter the code that best describes the weather condition at the time of the crash. If more than one code applies, enter the code which you believe influenced the crash the most.

F



F. Weather Conditions

1. Clear
2. Cloudy
3. Fog, Smog, Smoke
4. Rain
5. Sleet, Hail (Freezing Rain or Drizzle)
6. Snow
7. Severe Crosswinds
8. Blowing Sand, Soil, Dirt, Snow
9. Other
10. Not Reported
11. Unknown

- Clear - Free from clouds, fog, smoke, and sky was more sunny than cloudy.
- Cloudy - Overcast with clouds. (Cloud - a visible mass of particles of water or ice in the form of fog, mist, or haze suspended usually at a considerable height in the air.)
- Fog, smog, smoke -
 - Fog - A vapor condensed to fine particles of water suspended in the lower atmosphere that differs from cloud only in being near the ground.
 - Smog - A fog made heavier and darker by smoke and chemical fumes.
 - Smoke - The suspension of solid particles of combustion in the atmosphere.
- Rain - Water falling in drops condensed from vapor in the atmosphere.
- Sleet, Hail (freezing rain or drizzle) -
 - Sleet - Frozen or partly frozen rain.
 - Hail - Precipitation in the form of small balls or lumps usually consisting of concentric layers of clear ice and compact snow.
- Snow - White crystals of frozen water falling.
- Severe crosswinds - Winds at a high rate of speed blowing across the road.
- Blowing sand, soil, dirt, snow - Wind carrying sand, soil, dirt, or snow.

G. Light - Enter one code which indicates the light condition at the time of the crash.

G


G. Light

1. Daylight
2. Dawn
3. Dusk
4. Dark - Lighted Roadway
5. Dark - Roadway Not Lighted
6. Dark - Unknown Roadway Lighting
7. Other
8. Not Reported
9. Unknown

- Daylight - Those hours of day in which objects are clearly discernible without artificial light.
- Dawn - The first appearance of light in the morning.
- Dusk - The twilight hours of evening.
- Dark - lighted roadway-
 - Full darkness but the roadway is lighted by lights designed and installed to illuminate the roadway. This is not lighting from store front, house lights, etc. Do not use this during periods of dawn, daylight and dusk even if streetlights are on.
- Dark - roadway not lighted
 - Full darkness and the roadway is not lighted by lights designed and installed to illuminate the roadway.
- Dark- unknown roadway lighting
 - Full darkness but it is unknown whether roadway was lighted by lights designed and installed to illuminate the roadway.

- H. Road Characteristics** - Select the code which best describes the road characteristics at the scene of the crash.


H. Road Characteristics	
1. Not at a Junction	8. Off Ramp
2. Four-way Intersection	9. Crossover
3. T-intersection	10. Driveway
4. Y-intersection	11. Railway Grade Crossing
5. Traffic Circle/Roundabout	12. Shared-use Paths or Trails
6. Five-point, or More	13. Parking Lot
7. On Ramp	14. Unknown
	15. Other



H

- I. Road Align (Alignment)** - Fill in the code that best describes the curvature of the roadway. Generally, sharp curves will be distinguished by a warning arrow or arrows, which slight curves usually do not have.


I. Road Align
1. Straight
2. Slight Curve
3. Sharp Curve
4. Unknown



I

- J. Road Design** - Enter the code that describes where the crash occurred. Note that the curvature of the road is not considered for this item.


J. Road Design
1. Up/Down Hill
2. Top of Hill
3. Bottom of Hill
4. Level
5. Unknown



J

- K. Road Type** - This entry is used to identify the road type on which the crash took place. Select the code which best describes the roadway surface materials. If “other” is selected, describe in the narrative or a notation.


K. Road Type
1. Blacktop
2. Gravel
3. Dirt Trail
4. Concrete
5. Other
6. Unknown



K

- L. Surface Condition** - Select the one code that describes the condition of the roadway's surface at the time of the crash.


L. Surface Condition	
1. Dry	6. Water (Standing, Moving)
2. Wet	7. Slush
3. Snow	8. Other
4. Ice	9. Not reported
5. Sand, Mud, Dirt, Oil, Gravel	10. Unknown



L

- M. Contributing Road Conditions** - Utilize this field to best describe the apparent condition of the road which contributed to the crash.


M. Contributing Road Conditions
1. None
2. Road Surface Condition (Wet, Icy, Snow, Slush, etc.)
3. Debris
4. Rut, Holes, Bumps
5. Work Zone (Construction/Maintenance/Utility)
6. Worn, Travel-polished Surface
7. Obstruction in Roadway
8. Traffic Control Device Inoperative, Missing, or Obscured
9. Shoulders (None, Low, Soft, High)
10. Non-highway Work
11. Other
12. Not Reported
13. Unknown



M

- N. Police Photo/Video Recording Taken** - Enter 1 for "yes" or 2 for "no" as to whether or not a police photo was taken or a video recording was made of the crash scene.

N. Police Photo/Video Recording Taken
1. Yes
2. No



N

INSTRUCTIONS FOR COMPLETING OVERLAY #2 - SHADED BOXES

- Use Overlay #2 to report **additional** operator/vehicle information in Sections O, P & Q.
- Use Overlay #2 to report **commercial information** in Sections R, S & T.
- Enter numeric characters into *shaded*, lettered boxes located on crash form margins.
- **Remember:** If the crash involves a third vehicle, information will be entered in the former Vehicle 1 boxes. Likewise, a fourth vehicle will have its information entered in the former Vehicle 2 boxes. Do not forget to cross through the pre-printed designations.

Example:

- Q. Defective Equipment
 1. Brakes
 2. Tires
 3. Steering
 4. Front Lights
 5. Rear Lights
 6. Exhaust
 7. Engine
 8. Glass
 9. Other
 10. Unknown
 11. No defects
- Follow arrow to shaded Box Q1 on middle left margin
- Enter (one) numeric character 1 - 11 (e.g. "Front Lights")

Q1. 4

STATE OF VERMONT UNIFORM CRASH REPORT
INSTRUCTIONS FOR COMPLETING OVERLAY 2

ADDITIONAL OPERATOR INFORMATION

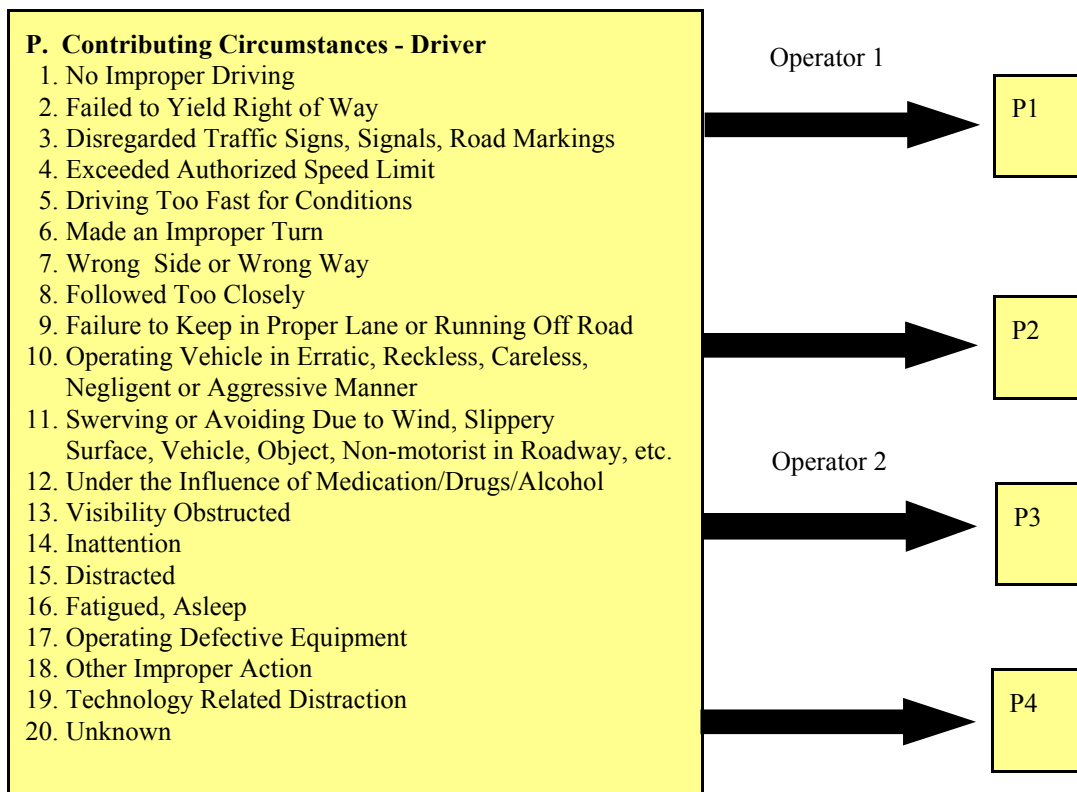
- O. Apparent Operator Condition** - Enter the primary code in box O1 that best describes the operator's condition in Vehicle 1 at the time of the crash. If a secondary operator condition was apparent at the time of the crash, enter one code which best describes the condition. A secondary condition would be one that was less important than the primary condition but still evident. Enter the same information for the operator of Vehicle 2 in boxes O3 and O4.

Veh 1	
O1	Primary
O2	Secondary
Veh 2	
O3	Primary
O4	Secondary

O. Apparent Operator Condition

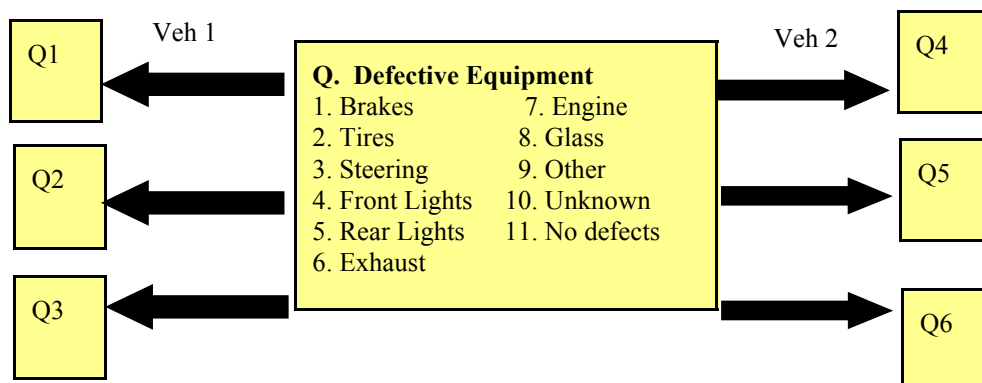
1. Apparently Normal
2. Physical Impairment
3. Emotional (e.g., Depressed, Angry, Disturbed)
4. Illness
5. Fell Asleep, Fainted, Fatigued, etc
6. Under the Influence of Medications/Drugs/Alcohol
7. Had Been Drinking
8. Other
9. Unknown

- P. Contributing Circumstances - Driver** - Enter the code in P1 for the circumstance for Operator 1 that primarily contributed to making the crash happen. If there was a second circumstance for Operator 1 that contributed to the crash, enter the appropriate code in P2. Repeat this process for Operator 2. The contributing circumstance is a factor associated with the crash that analysts or reconstructionists should be aware of if they want to take action to prevent recurrence of the crash.



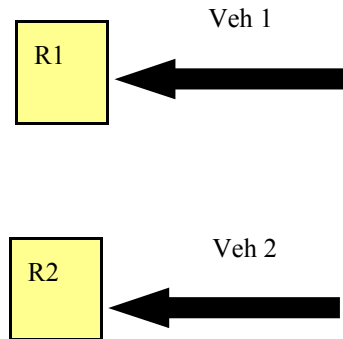
ADDITIONAL VEHICLE INFORMATION

Q. Defective Equipment - If defective equipment for Vehicle 1 contributed to the crash, enter the appropriate codes in Q1, Q2, and Q3. Vehicle 2 defective equipment codes should be entered in Q4, Q5, and Q6.



COMMERCIAL VEHICLES ONLY

- R. Vehicle Configuration** - If a commercial vehicle was involved in the crash, enter the code that best identifies the vehicle type for Vehicle 1. If a second commercial vehicle was involved, enter the code for Vehicle 2 that best identifies the vehicle type.



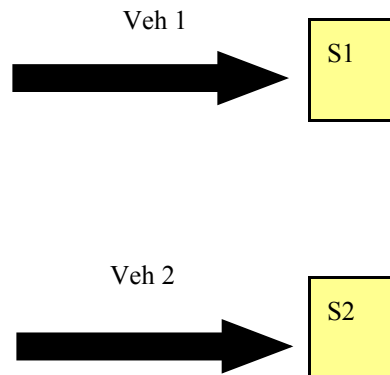
R. Vehicle Configuration

1. Bus (Seats 16 or More Including Driver)
2. Light Truck
3. Passenger Car
4. Bus (Seats 9 to 15 Including Driver)
5. Single Unit Truck: 2 Axle, 6 Tires
6. Single Unit Truck: 3 or More Axles
7. Truck/Trailer
8. Truck Tractor (Bobtail)
9. Tractor/Semi-trailer
10. Tractor/Doubles
11. Other
12. Unknown Heavy Truck
13. Any 4-tire Vehicle with Placard

- S. Cargo Body Type** - Enter the code that best describes the cargo body type for Vehicle 1. If applicable, enter the appropriate code for Vehicle 2.

S. Cargo Body Type

1. Bus (Seats 16 or More Including Driver)
2. Bus (Seats 9-15 Including Driver)
3. Van/Enclosed Box
4. Cargo Tank
5. Flatbed/Stake Body
6. Dump
7. Concrete Mixer
8. Auto Transporter
9. Garbage/Refuse
10. Grain, Chips, Gravel
11. Pole
12. Not Applicable
13. Other



- T. Sequence of Events** - Identify and order the events of the crash relating to each commercial vehicle. Enter the proper code numbers in the order in which the events occurred. Many crashes will not have more than one event, but indicate all that apply.

Veh 1		Veh 2
T1	Event 1	T5
T2	Event 2	T6
T3	Event 3	T7
T4	Event 4	T8

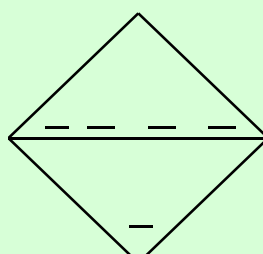
T. Sequence of Events

<ol style="list-style-type: none"> 1. Ran off road 2. Jackknife 3. Overturn (rollover) 4. Downhill runaway 5. Cargo loss or shift 6. Explosion or fire 7. Separation of units 8. Collision involving pedestrian 9. Collision involving motor vehicle in transport 10. Collision involving parked motor vehicle 11. Collision involving train 	<ol style="list-style-type: none"> 12. Collision involving pedacycle 13. Collision involving animal 14. Collision involving fixed object 15. Collision involving other movable object 16. Noncollision: cross median/centerline 17. Noncollision: equipment failure (brake, tires, etc) 18. Noncollision: Other 19. Noncollision: Unknown 20. Collision with work zone maintenance equipment 21. Collision with unknown movable object 22. Other
---	---

STATE OF VERMONT UNIFORM CRASH REPORT
INSTRUCTIONS FOR COMPLETING COMMERCIAL VEHICLE SECTION OF
PAGE 3

Note: All crashes which involve a commercial motor vehicle or a vehicle displaying a hazardous materials placard shall be reported per 23 V.S.A. § 1603a. Complete the **Commercial Vehicles** section of Page 3 where applicable.

- 63. Incident Number** - Enter the incident number in the space provided in the top right hand corner of the page.

Vehicle Number _____		Commercial Vehicle	
Carrier's Identification Numbers			
US DOT _____	ICC MC _____	Interstate Carrier: <input type="checkbox"/>	State Name ____ State Number _____
Carrier's Name _____			
Carrier's Address _____		City _____	State _____ Zip _____
Source: (Check all that apply) _____ Vehicle Side _____ Shipping Papers _____ Driver _____ Carrier _____			
Vehicle Information			
Axles on Vehicle (Incl. Trailers) _____		Gross Vehicle Wt Rating _____ lbs or _____ kg	
Length of Vehicle (Incl. Trailer) _____ ft or _____ meters		Length of Trailer _____ ft or _____ meters	
Trailer License Number _____		State _____	Trailer Identification Number _____
Hazardous Material			
Placard: <input type="checkbox"/> Spill: <input type="checkbox"/>			
		Name or 4 Digit Number from Diamond or Box _____	
		Small Number from bottom _____	
Non-commercial Trailer			
Vehicle 1			
Year ____ Make ____ Model ____ Plate No. ____ State ____			
Vehicle 2			
Year ____ Make ____ Model ____ Plate No. ____ State ____			

Commercial Vehicle Section

- 64. Vehicle Number** - Enter the vehicle number you assigned to this vehicle. If there is more than one commercial vehicle involved, utilize an additional crash form and complete the "Commercial Vehicle" section.

65. **Carrier's Identification Numbers** - More than one carrier identification number may be entered. Interstate vehicles have either a US DOT (United States Department of Transportation) or an ICC MC (Interstate Commerce Commission Motor Carrier) number. Interstate vehicles operate across state lines.

* **US DOT (United States Department of Transportation)** - The US DOT number has six digits and is found only on vehicles of private interstate carriers (those operating trucks for any commercial enterprise). The number can be easily spotted because it is always preceded by "US DOT". (See 69. below for places to check for this number.)

* **ICC MC (Interstate Commerce Commission Motor Carrier)** - ICC MC numbers will be found on vehicles of interstate for-hire carriers (those in the transportation business). The number is usually preceded by "ICC MC", but may be preceded by either "ICC" or "MC". (See 69. below for places to check for this number.)

66. **Interstate Carrier** - Check the box provided if the carrier crosses state lines and/or transports interstate cargo. For example, U.S. mail or passengers.

67. **State Name** - Enter the abbreviation for the state where the state number was issued (see 68).

68. **State Number** - State numbers are issued by the public service commission, public utility commission or other state agency to vehicles that either operate in interstate or intrastate (within the boundaries of that state) commerce. No national standards exist for the number of digits in state numbers.

Note that some trucks will not have an identifying number. Even though federal regulations require most interstate trucks to have ID numbers, not all do. Also, many trucks and buses that operate strictly within a state may not have a number. In some states the motor vehicle carrier industry is not regulated, hence state agencies have no reason to issue numbers.

69. **Carrier's Name** - Determining the motor vehicle carrier may be difficult. Although the owner of the vehicle may be the carrier, frequently this is not the case. A motor carrier is defined as the person, company or organization responsible for directing the transportation of the persons or cargo. To avoid improperly identifying the name and address of a motor carrier, the investigator should rely on more than a single document or item when identifying the motor carrier. Review as many of the following items as possible to determine the name (and address) of the motor carrier.

- **Side of the Vehicle** - The correct name, address and US DOT/ICC number of the motor carrier may or may not be marked on the side of the vehicle. If the marking on the side of the vehicle matches the name on the other name-determining items, you have probably identified the correct motor carrier.

- ***Driver Interview*** - Ask questions such as:

Is the vehicle leased or rented?

Who is the motor carrier that is responsible for this load?

Who is directing and controlling the movement of this vehicle?

Where is the motor carrier's principal place of business?

- ***Lease Agreement*** - This document is excellent for identifying the name of the lessee (the business/individual leasing the vehicle).
- ***Driver's Log*** - When logs are required, they will contain the name of the motor carrier and the city and state where the motor carrier's principal place of business is located.
- ***Shipping Papers (Bill of Lading)*** - Generally this document will provide you with the name of the motor carrier that is responsible for the load. The shipping papers are the written transportation contract between the shipper and the carrier. They identify the freight, who is to receive it, the place of delivery and terms of the agreement.
- ***Vehicle Registration*** - This document is good for identifying the owner and/or registrant who may or may not be the responsible motor carrier. Even when the registration identifies the responsible motor carrier, it may or may not show the address of the motor carrier's principal place of business because carriers with terminals in multiple states generally register the vehicles in the state of domicile. Therefore, the address may be a terminal address.

70. Carrier's Address - Enter the address of the carrier's principal place of business. Include street number, city, state and zip code. (See **69.** above for places to check for the address.)

71. Source - Check the sources that gave you the carrier's name: vehicle side, shipping papers or driver.

Vehicle Information

72. Axles on Vehicle (including trailers) - Enter the total number of axles on the vehicle, including auxiliary axles, under the vehicle or vehicle/trailer combination. Include the axles on the trailers.

- 73. **Gross Vehicle Weight Rating** - Record the gross weight specified by the manufacturer. The (GVWR) is usually found on the driver's side door-latch post, door edge or hinge pillar. It may be posted on the door itself. In the case of a truck with more than one unit add the weight ratings for each unit and enter the total weight on the report in pounds or kilograms.
- 74. **Length of Vehicle (including trailer)** - Record the length in feet or meters of the vehicle including the trailer. The officer will need to physically measure the vehicle, including the trailer, from bumper to bumper.
- 75. **Length of Trailer** - Record the length of the trailer. If the length is not found on the trailer registration, the investigating officer will need to physically measure the length of the trailer in feet or meters.
- 76. **Trailer License Number** - Enter the trailer license number as found on the license plate.
- 77. **State** - Enter abbreviated state code for state where trailer is licensed.
- 78. **Trailer Identification Number** - Enter the trailer identification number.

Hazardous Material

- 79. **Placard** - In most cases vehicles carrying hazardous materials (HAZ MAT) are required by law to conspicuously display a placard indicating the type, class or the specific name of the hazardous material cargo. Check the box provided if a placard was displayed.
- 80. **Spill** - Check the box provided for a spill if hazardous cargo was released from the cargo tank or compartment of the truck. Do not count the fuel spilled from the vehicle's own fuel tank, even though this fuel is considered a hazardous material. The aim of the question is to determine and record whether the placarded material was released.
- 81. **Name or 4-Digit Number from Diamond or Box** - There are two placard shapes - rectangular or diamond. The diamond shaped placard is the most commonly used. If the vehicle has a hazardous material placard, enter the number or name listed on it in the blanks provided in the top half of the diamond. If the placard is the orange and rectangular type instead of diamond shaped, still enter the number in the top part of the placard provided.
- 82. **Small Number from Bottom** - If the placard is the diamond type there will be a 1-digit number located on the bottom tip of the diamond. Record this number in the space provided on the bottom of the diamond.

Non-commercial Trailer

Vehicle 1

83. **Year** - Enter the model year of the non-commercial trailer for Vehicle 1.
84. **Make** - Enter the make of the non-commercial trailer for Vehicle 1.
85. **Model** - Enter the model of the non-commercial trailer for Vehicle 1.
86. **Plate No.** - Enter the plate number for the non-commercial trailer for Vehicle 1.
87. **State** - Enter the abbreviated state code where the non-commercial trailer for Vehicle 1 is registered.

Vehicle 2

If there was a second vehicle with a non-commercial trailer involved, enter the same information as listed above **(83-87)**.

Additional Operator Information

88. **Alcohol Test** - In the boxes provided for Vehicles 1 and 2 enter the code for information on the alcohol test that is given. If multiple tests are given (PBT, FSE, evidentiary) enter the code for the evidentiary test and the results. If evidentiary results are pending, enter the PBT code and results. If only an evidentiary test has been conducted and results are pending (blood), enter the code and write "pending" above "Test Result"

Alcohol Test

1. None Given
2. Refused
3. Blood/Serum
4. Urine
5. Other
6. Breath Preliminary
7. Breath Evidentiary

Vehicle 1 ☐

Test Result 0. _____ BAC

Vehicle 2 ☐

Test Result 0. _____ BAC

89. **Blood Alcohol Concentration (BAC)** is the percentage of alcohol in a person's blood. Record the test result (Blood Alcohol Concentration) in the boxes provided if a test was given. Enter BAC data using the format of the examples below:

Vehicle 1

If Test Result = .05% BAC

Enter data as 0.

If Test Result = .131% BAC

Enter data as 0.

If Test Result = .1% BAC

Enter data as 0.

If the percent concentration is unknown leave blank.

Repeat the above steps if a second vehicle was involved using the space provided. If three or more vehicles were involved, utilize additional report forms. Be sure to assign appropriate vehicle numbers.

90. **Drug Test** - In the box provided for Vehicle 1 enter the code for information on the type of drug test given. Do the same for Vehicle 2.

Drug Test

- 1. None Given
- 2. Refused
- 3. Blood/Serum
- 4. Urine
- 5. Other

Veh 1

Veh 2

91. **Drug Test Result** - In the boxes provided for Vehicle 1, enter the codes for the test result. Note that a second drug type may be entered in the additional box provided. Do the same for Vehicle 2.

Drug Test Result

- 1. Marijuana
- 2. Cocaine
- 3. Opiate
- 4. Amphetamine
- 5. PCP
- 6. Other

Veh 1

Veh 2

92. **Citations Issued - Vehicle 1** - If a citation was issued for the driver of Vehicle 1, enter the number in the space provided. Space is provided for up to three citations.

Ticket # _____ **Violation Code** _____

93. **Violation Code** - Enter the corresponding violation code in the space provided next to the ticket #.

Repeat 92 and 93 for Vehicle 2 and other involved vehicles as well.

EMS Run number	EMS Agency	Destination Hospital
----------------	------------	----------------------

94. **EMS Run Number** - Record the EMS run number, obtained from the EMS driver, if available.
95. **EMS Agency** - Enter the name of the emergency medical services agency transporting persons to a medical facility.
96. **Destination Hospital** - Provide the name of the medical facility where persons involved in the crash were transported.

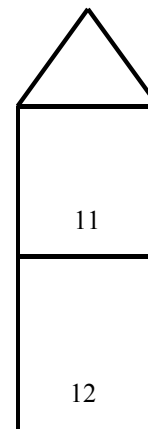
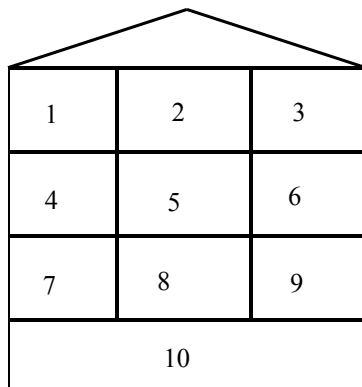
Operators, Occupants, Pedestrians, Cyclists - Excluding Witnesses

Operators, Occupants, Pedestrians, Cyclists - Excluding Witnesses													
Name	Veh#	Type	Sex	Age	Seat	Injury	Eject	Restr	Bag	Air	Extract	P/C- Action	P/C- Location

97. **Name** - Enter the complete name of the occupant (operator or passenger) of the vehicle or the involved person.
98. **Vehicle Number** - Enter the vehicle number in which the person named above was seated. If a pedestrian or bicyclist was injured leave this box blank.
99. **Type** - Enter the type of the person's involvement based upon the codes type found at the bottom of Page 3. Number 2 refers to any occupant in the vehicle other than the operator.
1. Operator
 2. Occupant
 3. Pedestrian
 4. Bicyclist
 5. Unknown
100. **Sex** - Enter "M" for male, "F" for female or "U" if unknown.
101. **Age** - Enter the age of the involved person in terms of years. Persons less than one year old should be entered as "0".

- 102. Seat** - For each involved person, enter the number which best describes his/her seat position. Seat positions 1-6 represent the typical seating arrangement found in a passenger car. Positions 7-9 depict a third row of seats, i.e., mini-vans, station wagons, etc. Ten is a miscellaneous category for passengers riding in such areas as a sleeper section of a cab, other enclosed passenger or cargo area (example: rear cargo area commonly found in utility vehicles, mini-vans and station wagons), unenclosed passenger or cargo area (example: bed of a pickup truck) or in a bus.

- 1 Front seat - left side
- 2 Front seat - middle
- 3 Front seat - right side
- 4 Second seat - left side
- 5 Second seat - middle
- 6 Second seat - right side
- 7 Third row - left side
- 8 Third row - middle
- 9 Third row - right side
- 10 Miscellaneous seat position
- 11 Motorcycle operator
- 12 Motorcycle passenger



- 103. Injury** - The classification of injuries provides a category for any person involved in a motor vehicle crash. There are six categories of injury to persons used for classification:

1. Fatal
2. Injury - Incapacitating
3. Injury - Non-incapacitating
4. Possible injury
5. No injury
6. Unknown

Enter the code that best describes the involved person's injury level based upon the following definitions.

1. Fatal is any injury that results in death within 30 days of the motor vehicle crash.
2. Injury - Incapacitating is any injury, other than fatal, which prevents the injured person from walking, driving or normally continuing the activities which he was capable of performing prior to the motor vehicle traffic crash.
Includes: Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the crash scene, unable to leave the scene without assistance.
Excludes: Momentary unconsciousness.
General: Determinations are made on the basis of the best information available. It is not necessary to consult with doctors or hospitals unless information is not otherwise available, apparent condition immediately after the crash does not govern classification because the person may recover from hysteria quickly or may begin to feel the effects of internal or other injuries between the time of the crash and the time of leaving the scene.
3. Injury - Non-incapacitating is any injury other than fatal and incapacitating which is evident to any person other than the injured at the scene of the crash.
Includes: Lump on the head, abrasion, minor lacerations.
Excludes: Limping (the injury cannot be seen).
Examples: Pedestrian is unconscious on the ground after the crash; his clothes are torn and blood oozes from abrasions. When the ambulance arrives, he is conscious, able to give information and walk around. He goes to the hospital in the ambulance, but is able to sit up and there is no evidence that he is incapacitated.
4. Possible Injury is any injury reported or claimed which is not a fatal, incapacitating, or non-incapacitating evident injury.
Includes: Momentary unconsciousness. Claim of injuries not evident. Limping, complaint of pain, nausea, hysteria.
General: Possible injuries are those which are claimed or reported, or indicated by behavior, but not by wounds.
Example: Occupant complains of pain, but shows no sign of bleeding or wounds; leaves the scene of the motor vehicle traffic crash in a taxi to keep

an appointment, and dies. This is a possible injury when classified at the time of leaving the scene.

5. No Injury is a situation in where there is no reason to believe that the person received any bodily harm from the motor vehicle traffic crash in which involved.

Includes: Confusion, excitement, anger. Internal injuries unknown to the injured until after leaving the crash scene.

6. Unknown is when information is not available at the time of the written report.

- 104. Ejected** - Use the following codes for whether the operator or passenger was ejected from the vehicle. The term ejected refers to a vehicle occupant being completely or partially thrown from a motor vehicle as a result of a crash.

1. Not Ejected
2. Totally Ejected
3. Partially Ejected
4. Not Applicable
5. Unknown

- 105. Restraint** - Restraint information must be provided for all individuals in the vehicle at the time of the crash. Enter the code number which best describes the type of restraint in use by each person when the crash happened. If a bicyclist is involved in the crash, indicate whether the bicyclist was wearing a helmet. If no helmet was used, enter the “none used” code.

0. Unknown
1. None Used
2. Shoulder Belt Only
3. Lap Belt Only
4. Shoulder and Lap Belt
5. Child Safety Restraint
6. Helmet Used - Eye Protection
7. Helmet Used - No Eye Protection
8. Not Reported

- 106. Air Bag Deployed** - If the vehicle is equipped with airbags, enter whether or not any airbags were deployed, entering 1 for “yes”, 2 for “no”, or 3 for “unknown”.

1. Yes
2. No
3. Unknown

- 107. Extracted** - Enter 1 for “yes” or 2 for “no” if extraction equipment was utilized.

- 108. P/C-Action (Pedestrian/Cycle Action Codes)** - Enter the code that best describes what the pedestrian or cyclist was doing at the time of the crash.

Pedestrian/Cycle Action Codes (used on Page 3)

- | | |
|--------------------------------------|---|
| 1. Improper crossing | 6. Inattentive (talking, eating, etc.) |
| 2. Darting | 7. Failure to obey traffic signs, signals, or officer |
| 3. Lying and/or illegally in roadway | 8. Wrong side of road |
| 4. Failure to yield right of way | 9. Other |
| 5. Not visible (dark clothing) | 10. Unknown |

- 109. P/C Location (Pedestrian/Cycle Location Codes)** - Enter the code which best describes where the pedestrian or cyclist was located at the time of the crash. Codes are found at the bottom of Overlay 1.

Pedestrian/Cycle Location Codes (used on Page 3)

- | | |
|-------------------------------------|---|
| 1. Marked Crosswalk at Intersection | 9. Shoulder |
| 2. At Intersection but No Crosswalk | 10. Sidewalk |
| 3. Non-intersection Crosswalk | 11. Within 10 Feet of Roadway (but Not Shoulder, Median, Sidewalk, or Island) |
| 4. Driveway Access Crosswalk | 12. Beyond 10 Feet of Roadway (Within Trafficway) |
| 5. In Roadway | 13. Outside Trafficway |
| 6. Not in Roadway | 14. Shared-use Path or Trails |
| 7. Median (but Not on Shoulder) | |
| 8. Island | |

STATE OF VERMONT UNIFORM CRASH REPORT
INSTRUCTIONS FOR COMPLETING THE CRASH NARRATIVE, PAGE 2

- 110. Incident Number** - Enter the incident number assigned to this particular crash in the space provided at the top right hand corner of Page 2.
- 111. Reporting Agency** - Enter the name of the agency reporting the crash.
- 112. Crash Narrative** - This space is provided for entry of an appropriate description of the crash occurrence.

Basic Crash Investigation: Investigation Report Outline

The following outline was prepared by Lt. Thomas Noble, Vermont State Police, incorporating existing material from published sources and professional experience. The outline is intended as a guide for Vermont law enforcement officers completing traffic collision reports. It is a basic outline not designed to be comprehensive in all cases, such as technical exams, speed calculations or commercial vehicles. Nothing here is intended to limit the inclusion of material pertinent to any investigation. The intent is to provide a uniform way of reporting traffic collisions and that users of the reports will be able to do so most efficiently.

Outline for Completing Traffic Collision Narratives

I. Introduction: “Setting the Stage”

The introduction normally contains initial information and observations from proceeding to the scene, arrival and control of the scene and the beginning of the investigation. It is normally not necessary to repeat extensive details of people and vehicles if the information is included on the report form. The more complex or severe the case, the more information may be needed in the introduction. Local practice may also dictate some of the information to be included.

- A.**
 - 1.** Indicate what you were dispatched to, or how you became aware of the crash and where you responded from.
 - 2.** Identify any other emergency services (other police, fire, EMS) or citizens assisting at the scene.
- B.**
 - 1.** Describe the scene: type of road, type of intersection, type of traffic control (signs, lights, lane markings), road and weather conditions, number of vehicles at the scene or involved (LSA).
- C.**
 - 1.** Describe rest positions of all traffic units (vehicles, pedestrians, cyclists, etc.): direction facing, relationship to roadway, if overturned, engaged, etc.

- 2. Indicate positions of injured, if any (e.g. vehicle occupants inside or outside vehicles, already transported from scene, at nearby location, etc.) or indicate no injuries involved/reported.
- 3. Indicate if CONTROLLED or UNCONTROLLED positions of rest - if controlled, how moved and by whom should appear in *Statements* or *Investigation* sections.
- D. 1. Identification of operators: by license, other ID, verbally, by other party, etc.
- E. 1. Fatality: Notification of Medical Examiner and State's Attorney
 - a. Note time M.E. and S.A. called.
 - b. Time deceased pronounced.
 - b. Time permission for removal given.
 - d. Where deceased taken.

II. Statements: "The Human Element"

The report form should already have name, address, DOB and license number for the Operators, so it is not necessary to repeat that information, but it can, of course, be done. The same applies for witnesses. Telephone numbers are useful to have.

Pay attention to correct grammar and syntax when reporting statements. A common type of error is: I asked Operator #2 (Greene) how fast he was going. Greene said, "He was going about the normal speed." Greene would not refer to himself as "he", but "I", so either the quotation is wrong or Greene was describing someone else. Quotes can be an excellent way to convey information, but if misused, tend to be confusing and make the report writer look less professional.

The practical rule is to use the numbers that match the report form and put the operators' last names in parentheses: "Operator #1 (Marin) told me she was pulling out of her driveway and . . ."

Witnesses may be numbered.

*****III. Investigation: “Vehicle and Environment - The Physical Evidence”**

This section encompasses all the hard evidence of a case and any analysis of that evidence and information as to how it was documented. Some opinions may be presented here, but generally they go in the Conclusion.

The rules of evidence apply to traffic crash investigation. Evidence must always be: **relevant, material, competent**. Evidence must be collected, documented and preserved using accepted procedures.

- A. Path of travel, point of contact (place of rest is already in the Introduction, but may be repeated here) - indicate both for all traffic units.
- B. Path of travel after collision: indicate, as applicable, how path shown or determined, if there is physical evidence (tire marks, metal marks, debris trail), which supports (or contradicts) statements, disengagement, repeated events, how/by whom moved to controlled rest.
- C. Damage to vehicles, objects:
 - 1. location, extent
 - 2. type: contact or induced
 - 3. characteristics: ruboff, imprint, transfer, overlap
 - 4. thrust: direction(s) of force(s)

D. Injuries

We are not medically trained, but injuries can help us determine occupant position in vehicles, match people to damage and the objects that injured them and have legal significance when charging serious law violations.

Articulate how you matched injuries and try to support that with photographs and measurements.

If you are dealing with a serious injury case remember that the legal standard for “serious bodily injury” is in 13 V.S.A. § 1021. Refer to this, not the manual definition of “incapacitating”, before charging a law violation involving an injury element.

E. Fatality

Record how the deceased was identified and account for any personal effects that were recovered. It may be necessary to attend an autopsy to view injuries and match them for occupant placement or to match vehicle damage in a pedestrian crash.

F. Roadway Evidence

1. Tire marks: prints, imprints, skid marks, scuff marks, flat/underinflated tire marks - indicate type(s), number, made by what vehicle and how that was determined, lengths, [chord, middle ordinate for yaw].
2. Metal marks: chips, chops, gouges, grooves, scratches, scrapes - indicate type(s), made by what part of what vehicle, how determined..
3. Damage to fixed objects: caused by what unit, how determined.
4. Debris: liquid; solid; vehicle parts, or material from, or cargo lost; from other object(s).
5. Point of impact: location, how determined. (Remember that tire marks indicate positions of tires, not corner of vehicles.)
6. Traffic control: lane markings, stop/yield signs, traffic or street lights, warning signs, directional arrows, flagperson, police officer.

G. Points of Perception

1. Point of Possible Perception: determine location from assessing the environment and vehicle - this always exists for every traffic unit.
2. Point of Actual Perception: harder to determine precisely depending on available physical evidence - when asking people, have them physically show you.

H. Recording the Evidence

1. Measurements: include all involved in measuring; explain unusual measurements; measurements mentioned in narrative should be on diagram or measurement sheet.
2. Photographs: take at all serious and fatal crashes - note who took photographs, distinguish film or digital, video.

I. Law Violations

1. DUIs need not be detailed here. Simply indicate there was evidence of impairment and processing was done.
2. Status violations (DLS, NL, NR, VNI, DE, INS, etc.) would be covered here. Violations related to the cause of the crash (FYI, ESA, DR, LOP, NO, etc.) are dealt with in the Conclusion.

J. Technical Information/Expert Assistance

Speed calculations, lamp exam, time-distance or other specialized work should only be done by those qualified. Any time such material is presented without a proper foundation, the officer involved risks appearing foolish or presumptuous, which damages credibility. Seek out qualified help and ask for a supplemental report when it is needed. If you are working with new material for the first time, have it checked by someone with more experience before going to court. Good preparation helps build a good professional reputation.

K. Commercial Motor Vehicle Collisions

Commercial vehicle collisions often involve additional complications such as hazardous materials, lengthy road closing and clean-up time. The Vermont Commercial Motor Vehicle Accident Response Team (CVMART) is available to provide technical assistance in the investigation of CMV collisions. For the best results, request that CVMART respond whenever possible and request the officer(s) provide a supplemental report. (Also see AOT LE Bulletin 00-23)

IV. Conclusion: “Putting It All Together”

Most law enforcement reporting is factual. Opinions are limited to those things in which we are expert or have specialized training. In the case of motor vehicle crashes, officers know more than the average citizen by virtue of training and experience. Because those levels of expertise depend on the extent of training and its application, an officer rendering an opinion must be sure to limit conclusions to what can be proven at that level. Therefore, with Basic training, there should be no opinions about speed based on tire mark analysis without support from someone with (at least) At-Scene training. Simple time-distance is available at all levels, but acceleration/deceleration is not taught until the Technical/Advanced level. In all cases, be sensible and do not overstep the bounds of what your certification includes. There is plenty of help available.

The **Conclusion** is the officer’s summation, the opinion or opinions as to **how** and **why** the crash occurred. It must be based on acts already presented in the preceding three sections of the report. No new information should appear in the Conclusion. If there is conflicting information, such as between different statements, or statements and the physical evidence, it is resolved in the Conclusion.

State your conclusion. Summarize the evidence that supports your conclusion, and explain why conflicting information is inaccurate, unreliable or not credible. Everything is based on the facts of the case and the application of your training and experience. It may include assistance of other officers, who may need to write a supplemental report.

The Conclusion is a professional opinion based on fact; it is not a feeling or a hunch. If you cannot fully explain a collision: because an operator has left the scene and cannot be found, someone has died, the evidence has been contaminated or tampered with, and expert help is not enough, then say so. **Never give an opinion you cannot prove with the facts.**

- 113. Officer's Signature** - The investigating officer should sign in ink.
- 114. Additional Sheets Attached** - Circle "yes" or "no" if additional narrative pages are attached..

STATE OF VERMONT UNIFORM CRASH REPORT
INSTRUCTIONS FOR COMPLETING THE CRASH DIAGRAM, PAGE 4

The purpose of the crash diagram is to take the guesswork out of the investigation and to demonstrate the location of vehicles and other related physical evidence. It allows reconstruction of the crash scene to determine how it happened. In minor cases, sketches will be sufficient. Major cases require a finished diagram.

119. Incident Number

Enter the incident number assigned to this crash in the space provided located in the upper right corner of Page 4.

120. Crash Report #

Enter the crash report number.

121. Vehicle Moved

Circle “yes” or “no” as to whether or not any vehicles were moved prior to the officer’s completion of the crash diagram.

122. Crash Diagram

This space is provided for the reporting officer to draw a diagram of what happened in the crash. If the vehicles were moved prior to the reporting officer’s arrival at the scene of the crash, the information from the investigation should be used to draw the diagram.

What Should be Included on the Diagram

- A. In the upper right hand corner of the diagram box draw an arrow in the circle provided to indicate north.
- B. All streets and highways should be properly labeled with their names and/or numbers.
- C. Number all vehicles the same as they were numbered on Page 1 of the crash report.
- D. Known positions of vehicles, pedestrians and cyclists are illustrated with solid lines. These are locations actually seen by the officer.
- E. Positions “believed” (based on investigation) are illustrated with broken lines.
- F. Identify reference points, reference lines, spots and other features as needed.
- G. Show measurements without measurement lines whenever possible.

- H. The distance and direction to landmarks (intersections, bridges, railroad crossings, mile markers, etc.) should be included and identified by number or name.
 - I. Include traffic controls and crosswalks where appropriate.
- 123. Additional Sheets Attached** - Circle “yes” or “no” if additional diagram pages are attached..